

BLUEPRINT FOR LATINO HEALTH IN MONTGOMERY COUNTY, MARYLAND, 2002-2006



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We would also like to express our sincere appreciation to the numerous stakeholders including public and private health entities, leaders of Latino community-based organizations and programs, community members, and other collaborating parties for their contributions in the development of this Blueprint.

The LHI Steering Committee is especially grateful to Sonia Mora, Manager of the LHI, Evelyn Kelly, and Dr. Rebecca Vargas-Jackson, LHI staff, Joe Heiney-Gonzalez, Hispanic Customer Service Manager, and Phil Moses, LHI Consultant, for their countless efforts to facilitate and support the work of the Committee to make this project a reality.

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FOREWORD

overnment jurisdictions have a unique responsibility to keep track of populations they serve and for which they are accountable. Whether or not such tracking and accountability functions are done can mean the difference between having effective and efficient services for these populations or performing services that miss the mark. This Blueprint document provides Montgomery County the opportunity to address the needs and concerns of its Latino populations with effective, efficient, and improved health and human services.

Latinos are the fastest growing ethnic group in Montgomery County. If not for the influx of Latino immigrants and other foreign-born populations in the past ten years, Montgomery County would have had a population decrease. Latinos have grown in number at a rate five times that of the average growth for the State's population overall. Latinos are diverse populations in terms of country of origin, race, religion, levels of education, date of migration and reasons for migration. Their needs are multi-dimensional, especially with regard to access to resources. Latinos face serious barriers to medical care and public health services within Montgomery County. It was from this backdrop of concerns about such services that the Latino Health Initiative (LHI) for Montgomery County was designed and established. It is charged with mobilizing resources in the County to improve the health of its Latino populations. Moreover, the LHI is an effort to involve and empower different segments of the Latino community to realize and use their traditions as strengths in seeking and finding solutions to the community's problems.

The Steering Committee of the LHI presents this Blueprint document to the public, providers, and policy makers of the County as a basis for the development of responsive and sensitive medical care and public health systems that consciously and systematically address the basic needs of the Latino community. The Blueprint reflects interactions among leadership, collaborative relationships, resources and expertise. It focuses on the importance of data collection to assist in planning and implementing comprehensive and integrated services and in allocation of resources that is fair, balanced and needs-based. Other critical issues identified include the need to ensure quality and culturally competent health services for Latinos in an era of changing economic policies. This document calls for interaction among County leaders, service partners, and other societal improvement collaborators and notes the requirement for resources that include technical expertise.

The importance of investing in human resources is central to the Blueprint because such attention will strengthen both the County and its new arrivals in the long term. The LHI demonstrates Montgomery County's unique leadership ability in responding to Latino needs and concerns, and may serve as a future model for other U.S. counties where Latino populations are increasing as rapidly.

It is through this Blueprint that actions toward improving the health and well being of Latinos in Montgomery County are recognized as a priority. With this step, much has been accomplished, yet much remains to be done.

Marta Sotomayor, Ph.D. Co-Chair Latino Health Initiative Steering Committee Carlos A. Ugarte, M.S.P.H. Co-Chair Latino Health Initiative Steering Committee



LATINO HEALTH INITIATIVE STEERING COMMITTEE

The Latino Health Initiative Steering Committee is a group of volunteer professionals representing national and local organizations. These individuals work as a team to inform the Latino community about the LHI and to collect feedback from them regarding their health concerns. In addition, this group acts as the planning body for the LHI.

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BACKGROUND ON THE LATINO HEALTH INITIATIVE

ne of the most serious and persistent public health problems in the United States is the wide disparity in the health status of the country's ethnic and racial minority groups as compared to the non-minority population. The compelling evidence of disproportionate disease burden upon ethnic and racial minorities has prompted the development of Federal, State, and County health planning initiatives to increase the quality of life and years by both challenging and eliminating health disparities between ethnic and racial minorities and the general population. For example, Healthy People 2010: Objectives for Improving Health (U.S. Department of Health and Human Services) states as one of its goals the elimination of health disparities.

At the local level, in July of 2000, under the guidance of Latino community leaders and with the support of the County Executive and Council, the Latino Health Initiative was established by the

Department of Health and Human Services (DHHS) to develop, implement and evaluate a plan of action that is responsive to the needs of Latinos living in Montgomery County.

The mission of the Latino Health Initiative is to improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, culturally and linguistically competent healthwellness system that supports, values, and respects Latino families and communities.

The Latino Health Initiative comprises staff members from the DHHS and a Steering Committee of individuals representing national, state, and local organizations dealing with Latino health (see LHI Steering Committee Members on facing page). This group acts as the planning body for the Latino Health Initiative.

THE LATINO HEALTH INITIATIVE SEEKS

TO IMPROVE THE QUALITY OF LIFE OF

LATINOS LIVING IN MONTGOMERY COUNTY

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AND COMMUNITIES.

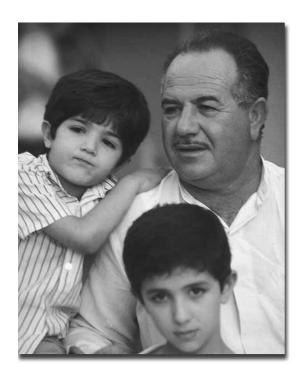


LATINO HEALTH SITUATIONAL ANALYSIS

n an effort to better understand the current health situation of Latinos in Montgomery County, in January of 2001 the Latino Health Initiative commissioned a health needs assessment for the Latino community. This eight-month study, conducted by an independent consulting firm, sought to:

- Develop a health profile for the Latino population based on information currently available;
- Compile an inventory of existing institutional and professional health care resources available to low-income Latinos; and
- Determine existing gaps in health care services and barriers to their utilization.

The assessment included archival research to present socioeconomic and health status data obtained through health status reports, vital statistics, and epidemiological data sets currently available and/or published. Researchers also conducted 20 key informant interviews to determine current coverage and utilization of health care services available to low-income Latinos. Key informants included administrators, nurses, social workers, physicians, and community activists from various governmental and private health service organizations that serve the Latino community in the area. Fifteen site visits were conducted at health clinics and hospitals in various parts of Montgomery County, MD, and Washington, DC. These site visits helped researchers to assess potential and available health care services to the Latino population. To collect information on perceived health-related needs and barriers among the target population, input from over 50 low-income Latino men and women was obtained in selected areas of the County through five focus group discussions.





SUMMARY OF NEEDS ASSESSMENT FINDINGS

DEMOGRAPHIC AND SOCIOECONOMIC INDICATORS

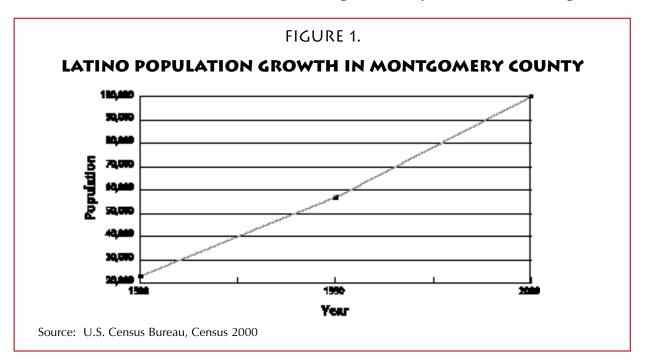
he Latino population is the fastest growing ethnic population in the County with an annual growth of 6.1%. According to the U.S. Census Bureau, while the overall population increased by 15%, in Montgomery County, the Latino population increased by over 80% between 1990 and 2000 (Figure 1). In March 2000, 100,604 Latinos lived in Montgomery County, comprising 11.5% of the County's total population and 44% of the Latinos in Maryland.

In the U.S. people of Mexican origin comprise approximately 68% of the U.S. Latino population. While in Montgomery County, people of Mexican origin account for only 9%, whereas people of Central and South American origin make up 46% (Figure 2).

Several areas in Montgomery County have large percentages of Latinos. Most of these concentrations are located Down-County. However, Mid-County and Up-County also have geographic clusters of Latinos (Table 1).

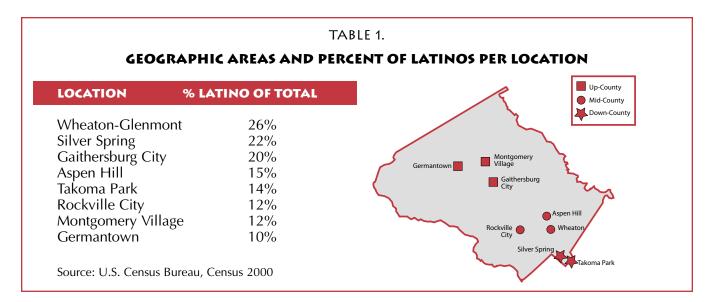
The Latino population is younger than the County's population in general. Nearly one-third (31%) of Latinos are under 18, and 45% of County Latinos are young, working adults between the ages of 18-44 years.

Educational attainment data indicate that in comparison to other Latino populations in the nation, Latinos in Montgomery County are more educated. Thirty-nine percent of Latinos over the age of 25 have an undergraduate or advanced degree, as compared to the national figure of 23%.



¹ U.S. Census Bureau, 2000 Census of Population and Housing, available at www.census.gov.





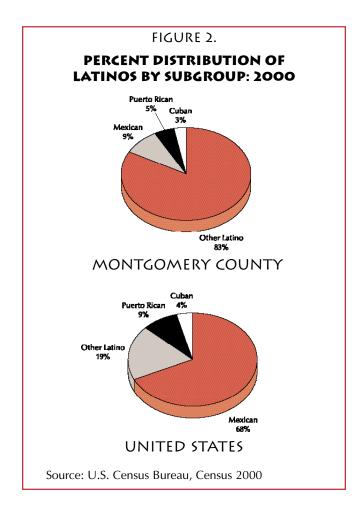
However, there is a considerable gap in level of education in part of the population. More than one in five (21.3%) Latinos in Montgomery County have less than a high school education, as compared to the County average of only 8.4% (Figure 3).

Income distribution data show that although the median income level of Latino households in Montgomery County is higher than in other parts of the nation, Latino households in the County have the lowest median income when compared to other racial/ethnic groups. Twenty-seven percent of Latino households earn less than a total of \$30,000 compared to the County average of 14% (Figure 4). The median income in Latino households is almost 19% less than the County's average. When considering that Latino households are on average larger than non-Latino households, this means that the per capita income is even less for Latinos living in Montgomery County.

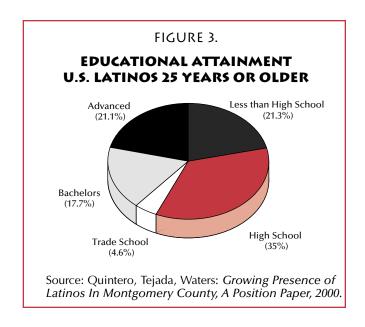
In Montgomery County, Latinos pay higher proportions of their income on basic necessities than other groups. According to Census 2000 data, 42% of Latino homeowners spend at least one-quarter of their income on housing, in comparison to 21% for all County residents.

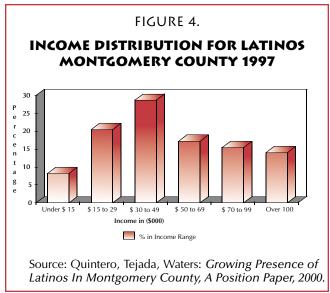
With regards to language, about 83% of Latinos in the area speak a language other than English, and

40% do not speak English very well. About 30% live in households that are linguistically isolated because no one in the home, age 14 or older, speaks English well enough for routine communications.









MAJOR HEALTH PROBLEMS AND DISPARITIES BETWEEN LATINOS AND OTHER POPULATIONS

nformation collected from archival research indicates that at the national level, Latinos have higher incidence rates for HIV/AIDS, measles, and tuberculosis, and higher mortality rates for liver disease, cervical cancer, and diabetes. Although the Latino population comprises 12.5% of the total U.S. population (U.S. Census Bureau, 2000), it accounts for 18.3% of the country's AIDS population (CDC, HIV/AIDS Surveillance Report, 2000). Furthermore, cervical cancer is about seven times more prevalent among foreign-born Latinas than non-Latina whites (National Program of Cancer Registry, 1996). Latinos are also more likely to develop diabetes than are whites, with a rate almost twice as high. According to the Centers for Disease Control and Prevention, by 1998, approximately 1.2 million Latinos in the U.S. had been diagnosed with diabetes, and an estimated 700,000 Latinos have diabetes but have not been diagnosed (Centers for Disease Control and Prevention, 2000). As a relatively younger population, Latinas have a birthrate

two times higher than whites. Of all Latino births, 6.9% are to teenagers under the age of eighteen; this is more than twice the rate for whites (National Center for Health Statistics, 2000). Latina women have the second highest mortality rate from AIDS and are at least 2.5 times more likely to die from HIV/AIDS than are white women. Rates for obesity and high blood pressure are higher among Mexican Americans than among whites, and they are less likely to engage in leisure time physical activity. Latino adolescents are also less likely to engage in vigorous physical activity (U.S. Department of Health and Human Services, 2000).

The limited State available data suggest that cancer and heart disease are the leading causes of death among Latinos in Maryland. Homicide and unintentional injuries are the leading causes of death for Latino children, adolescents, and young adults.² Results from the Maryland Adolescent Survey of 1998 indicate that Latino adolescents, even below



age 10, are some of the most frequent users of alcohol, cigarettes, and marijuana in Maryland.³ During focus group discussions and key informant interviews conducted during the Needs Assessment, diabetes, asthma and other respiratory problems, HIV/AIDS, adolescent pregnancy, domestic violence, and mental health were identified as key problem areas among Latinos in the County.

During the Needs Assessment study, low-income Latinos identified the need for access to quality, inexpensive, and continuous care. Most focus group participants indicated that they normally only seek health-related services in the time of emergency. Due to waiting periods from the time of call to the date of appointment (ranging from a day to more than a month for non-emergency assistance), many focus group participants reported trying natural remedies to eliminate symptoms first and utilizing hospital emergency rooms to receive health care. Geographic access is also a problem for many low-income Latinos. Many who depend on public transportation often have to spend long hours on several buses to get to and from service providers.

In addition to this need for timely access to inexpensive care is a deeper need for language services, identified by both the target population and health care personnel. Specifically, there is a limited availability of Spanish-speaking, culturally competent staff to assist non-English-speaking Latino clients. Subsequently, low-income Latinos frequently mentioned the need for more English classes that are easily accessible (i.e., offered at many different times of day and at multiple locations), and health care facilities stated a dire need for more Spanish-speaking professionals.

The dramatic increase in the County's Latino population over the past decade, high rates of unin-

sured estimated from 40% to 80%, and the low income of a large proportion of Latinos present considerable challenges to the health care system. This is exemplified by the shortage of culturally and linguistically competent staff, lack of resources for referrals, long waits for services, and lack of continuity of care, as mentioned by focus group participants and key informants.

Although Montgomery County currently has several health care facilities for the uninsured, according to focus group and key informant interview participants, many low-income Latinos are not aware of these services. Reasons for this lack of awareness included limited Spanish-language outreach efforts and recent immigrants' unfamiliarity with the County health care system. This lack of information presents an especially difficult barrier for the undocumented. Many undocumented Latinos avoid seeking services for which they are eligible for fear of being reported to the authorities and deported. This is especially true now given the current atmosphere in the aftermath of the terrorist attacks. Reports in the local Spanish-language media indicate that the Latino community is very much aware of and concerned about the fact that the Immigration and Naturalization Service (INS) has been given expanded powers since the attacks. Given the current climate of fear of deportation, stakeholders have expressed the concern that even more undocumented Latinos will avoid seeking care than in the past.

With regard to credible sources of health information, most Latinos in the study acknowledged obtaining information about health and health-related services from friends and relatives and other word-of-mouth methods. In addition, participants cited the electronic media, particularly Spanish-lan-

³ Maryland State Department of Education, Division of Compensatory Education and Support Services, Division of Planning, Results, and Information Management, Maryland Adolescent Survey 1998, Released March 2000.



² National Vital Statistics Reports, Vol. 48. No. 11, July 24, 2000, p. 37.

guage television and radio, as reliable and preferable sources of health information.

Low levels of prevention consciousness exist among recent immigrant Latinos, according to key informant interview participants. This is especially true regarding primary prevention, as evidenced during the focus group discussions. Reasons for this trend include the lack of primary prevention focus in many Latin American countries and the lack of local primary prevention programs aimed at the Spanish-speaking Latino population.

It is important to note that much progress has been made in increasing the availability of culturally and linguistically appropriate services as well as increasing community awareness about the existence of these services. In comparison to other jurisdictions in Maryland, Montgomery County has taken the lead in this area. A number of Safety Net Providers have bilingual staff and there is an increasing awareness on the part of the Latino community about specific services. A survey of the safety net system estimates that Safety Net Providers offered approximately 48,847 health care visits to 27,946 patients in 2000.4 The majority of these patients were Latinos. Service providers point out that in 2000 Latinos comprised over 60% of the 659 maternity clients and the 878 pediatric clients served by the Dental Program of the Department of Health and Human Services.5 Montgomery County's "Care for Kids" program (which offers health care to children who are not eligible for Maryland's Child Health Program) serves a predominantly Latino clientele. The County's Women's Cancer Control program has bilingual staff. Some culturally and linguistically appropriate health promotion programs are offered to Montgomery County Latinos both directly through the Department of Health and Human Services and through Latino community-based

organizations. Of the clinics visited during the Needs Assessment, four reported that "all" or "almost all" staff spoke Spanish, six reported having "some" Spanish-speaking staff, and three relied on translators. In spite of this commendable progress, however, data from the Needs Assessment clearly indicate that these gains alone are not enough to meet the increasing needs of the Latino community. Although many services care for Latino clients, many of these still do not have enough culturally competent staff nor do many use culturally appropriate program models necessary to affect desired health outcomes with this population. The long waiting periods, scheduling of services, and shortage of bilingual providers (physicians, nurses, and health educators) cited above indicate that there is still much work to be done.

Although mental health was not thoroughly examined during the LHI's Needs Assessment, it is important to note that it is an area which needs to receive much attention. At the national level, few studies have been conducted to assess the mental health status and mental health service use patterns of Latino populations. The limited data collected at the local level indicate that depression, anxiety, and post-traumatic stress syndrome account for the majority of mental health problems currently being diagnosed in community clinics. Mental health experts in the County indicate Latinos face many barriers to mental health care such as: scarcity of mental health resources; lack of knowledge of available resources; shortage of bilingual/bicultural mental health providers; lack of health insurance; lack of bilingual residential treatment facilities; lack of sensitivity regarding mental health issues by emergency room staff; lack of services to treat chronically ill mental health Latino patients; and fragmentation of currently available mental health services.

⁵ Montgomery County Department of Health and Human Services, Public Health Services, Oral Health Strategic Plan (May, 2000).



⁴ John Snow, Inc., Primary Care Coalition Enhancement of Safety Net Providers Final Report (Boston, MA, December, 2000).

ASSETS AND PROTECTIVE FACTORS IN THE LATINO COMMUNITY

The local Latino community enjoys many assets and protective factors that can be utilized to promote the health of the community. Latinos in the area tend to have strong ties to family and a strong sense of identity with their social networks and community. Many recent immigrant Latinos are very hardworking and hopeful for the future, and therefore willing to work for the betterment of their community. At a community level, the Spanish language helps to unify the Latino community. The fairly well developed Spanish-language media (newspapers, radio, television, and internet) facilitate the flow of information through the community. Churches with large Latino congregations tend to play a strong supportive role for their members, one that goes far beyond religious and spiritual care. The Latino community has many trained and experienced health professionals who, although not licensed to practice yet in this country, present a great potential in providing culturally and linguistically appropriate health services. There are several Latino community-based organizations in Montgomery County as well as strong leadership in the Latino community. There is also a large cadre of individual Latinos with substantial experience in community organizing, trade unionism, education, business, law, and politics in their home countries. These individuals offer great potential for community leadership in the future.

MAJOR DATA GAPS

The researchers who conducted the Needs Assessment concluded that health and socio-economic data collected at the ethnicity and County level are very often unavailable and/or unreliable. Even at the national level, the concept and measurement of Hispanic origin have evolved over time. For instance, the term "Latino" appeared on the Census form for the first time in 2000. Hence, major

gaps in data exist regarding the Latino population in Montgomery County.

Many sources cite problems with the collection of health data by Latino origin, and specific documented problems include:

- Some sources collect data only by the "White/Black/Other" categories therefore: Latinos are frequently lost in these categories.
- Some sources only began collecting data by ethnicity in the past few years, so numbers are still too small to report.
- Other sources record data by ethnicity, but compile and report the data in aggregate.
- ◆ The Maryland Cancer Registry admits widespread problems in data collection by ethnicity. Because of the small number of cancer cases reported among Latinos to the Registry, rates cannot be calculated, and therefore most common cancer sites cannot be ranked. Similarly, the National Center for Health Statistics excludes data for Latinos because numbers are too small.
- Communicable diseases by Latino origin in Maryland are only reported for HIV/AIDS. The Office of Epidemiology and Disease Control collects data through intake forms for race and ethnicity; however, these data are not compiled for reporting purposes. Additionally, many sources suggest that HIV/AIDS data are inaccurate for Latinos, as self-report may be unreliable.
- Chronic diseases such as diabetes and asthma are not yet recorded by Latino origin in Maryland. The Division of Cardiovascular Health and Nutrition collects data based on the "White/Black/Other" categories, as do most sources of asthma statistics.



DEVELOPMENT OF A BLUEPRINT FOR LATINO HEALTH

ased on the results of the Needs Assessment, the Latino Health Initiative Steering Committee engaged in a participatory community process to determine major health priorities to be addressed over the next five years, and to develop a set of recommendations for each priority. The seven priorities determined by the Latino Health Initiative Steering Committee and community members as crucial to improving the health of Latinos in Montgomery County are:

- Improving the collection, analysis, and reporting of health data for Latinos.
- Ensuring access to and quality of health care.
- Ensuring the availability of culturally and linguistically appropriate health services.
- Enhancing organizational capacity of Latino community-based organizations to provide health services.
- Increasing community participation in decisions that affect the health of the Latino community.
- Expanding health promotion and disease prevention efforts targeting the Latino community.
- Increasing the number of Latino health care professionals working in the County.

The above priorities are NOT ranked because all are understood to be important. Under each priority appear specific recommendations. As a general operating principle, the Latino Health Initiative Steering Committee recommends that any activities

conducted as a result of the recommendations in this document be done in consultation with stakeholders and the community.

This Blueprint explicitly categorizes mental health and substance abuse issues as major public health issues, including the phenomena of violence and other behavioral problems. Mental health is fundamental to overall health and productivity. It is the basis for successful contributions to family, community, and society. The priorities and recommendations put forth in this document apply equally to questions of mental health, substance abuse, violence and relevant prevention and treatment services as to any other health issue.⁶

ABOUT THE BLUEPRINT

The Blueprint itself is the product of a model process of participatory community health planning and represents the input from over one hundred stakeholders, about half of whom are low-income Latino community members. The rest represent over 30 organizations and programs. The Latino Health Initiative Steering Committee commissioned a Health Needs Assessment for the Latino community that included the input of 50 low-income Latino men, women, and elderly, staff from 15 area clinics and hospitals, and 20 key informants involved with the Latino community. Based on the results of the Needs Assessment, the Steering Committee constructed a first draft of the Blueprint, identifying seven priorities to address over the coming five years and a list of recommendations for each priority. The Steering Committee then distributed this first draft to 66 stakeholders who are members of and/or provide services to the Latino community, inviting their com-

⁶ An excellent treatment of mental health in minority populations can be found in "Mental Health: Culture, Race and Ethnicity," A Supplement to Mental Health: A Report of the Surgeon General, Department of Health and Human Services, U.S. Public Health Service, 2001.



ments and suggestions. Among the stakeholders contacted were: 12 Safety Net Providers, nine community-based organizations, five educators, and 21 Department of Health and Human Services staff. Twenty-seven stakeholders submitted written comments; 23 stakeholders then met as a body with representatives of the Steering Committee to discuss and approve the suggested substantive changes to the Blueprint. The Steering Committee incorporated almost all of the suggested changes into this final Blueprint. This broad-based community participation has helped the Steering Committee to more faithfully address the needs of the Latino community.

Given the mission of the Latino Health Initiative, the priorities of this Blueprint focus on systemic issues rather than disease specific ones. As the available data on the Latino population improve, public and private health care providers will have the information they need to rationally plan disease-specific interventions.

The target population of the Latino Health Initiative and this Blueprint is Latinos living in Montgomery County with a special emphasis on those with low incomes and the uninsured, since poverty is one of the strongest risk factors for ill health. According to the Latino Health Initiative Needs Assessment results and national data, not all members of the Latino community are equally at risk for all health problems. For example, youth are especially vulnerable to problems such as drug abuse, suicide, unwanted pregnancy and sexually transmitted diseases. Latino men and women above the age of 18 are especially vulnerable due to lack of health insurance and access to care. As data on the Latino population improve, we expect to be able to target the sectors of the population that run the greatest risks and bear the greatest burdens.

The intended audience of this Blueprint is public and private health care service providers who offer or are considering offering prevent and curative health care to low-income Latinos living in Montgomery County, as well as decision makers in the

public and private sectors.

This document will help service providers and other decision-makers to:

- Make strategic and program decisions that will better correspond to the needs of the low-income Latino community.
- Obtain funding and other support from government and private sources for programs that correspond to the needs of the Latino community.
- Support policy initiatives and budget requests from Local and State governments that will further the health interests of the Latino community.
- Enhance collaborations with academic and non-profit organizations to increase resources, funding, and support of programmatic activities.

Everyone has an important role to play in improving the health of the Latino community. While many specific recommendations made under the priorities identified mention actions that State and Local government agencies should take, many other recommendations call for the engagement of private organizations. The purpose of this Blueprint is to make it easier for all relevant actors (including public and private health care providers, funders, community-based organizations, advocacy groups and private individuals) to better ensure that the health needs of the Latino community are met.

NEXT STEPS

The Latino Health Initiative Steering Committee intends to use this and other models of participatory community planning in the future and encourages other health programs in the County to do the same. Based on the results of the Blueprint, Latino Health Initiative Steering Committee members and staff will develop specific strategies and programs to be implemented in the future.



LATINO HEALTH INITIATIVE PRIORITIES, GOALS AND RECOMMENDATIONS

ach priority in this Blueprint is followed by a goal, specific recommendations and a justification. *Appendix B: "Template for Each Priority"* outlines the logic of each component. The priority statement is a single sentence summarizing the priority. In this document goals are broad visionary statements. After each goal is a list of specific policy recommendations for how to reach the *goal*.

Each recommendation names the *actors* (such as the County government, Safety Net Providers or community-based organizations) and general *actions* the Steering Committee recommends that they take. It is important to reiterate that the priorities of this Blueprint focus on *systemic* issues rather than *disease-specific* ones. As the available data on the Latino population improve, public and private health care providers will have the information needed to plan disease-specific interventions.

The justification explains the Steering Committee's reasoning in naming this particular issue as a priority. In determining priorities, the Steering Committee chose issues that are both of substantial importance and amenable to change.7 For purposes of the Blueprint, an issue was considered "important" if it was judged to be of considerable size, seriousness, and urgency (see template for each priority). Not every issue that is substantially important can be changed. So in addition to choosing issues that are important, the Steering Committee added the criterion that the issue must be amenable to change. This simply means that change must be



considered feasible given the resources available over a five-year period. To determine whether an issue was amenable to change the Steering Committee addressed the five questions found below under "How amenable to change is the problem?" (See Appendix A.)

The process used for setting priorities was adapted from PATCH and the Hanlon Method as described in the following sources: U.S. Department of Health and Human Services (no date given). *Planned Approach to Community Health: Guide for the Local Coordinator.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Priorities: Course CB3052, version 1.0, June 2000, an interactive computer tutorial produced by the Public Health Training Network.



PRIORITY A

IMPROVING THE COLLECTION, ANALYSIS, AND REPORTING OF HEALTH DATA FOR LATINOS

GOAL:

By 2006, Montgomery County's system for collecting, analyzing, and reporting health data will permit rational prioritizing, planning, monitoring and evaluation of health interventions among Latino populations.



Health and socioeconomic data collected by ethnicity at the Federal, State, and County level are very often unavailable and/or unreliable.

RECOMMENDATIONS:

- ◆ The Maryland Department of Health and Mental Hygiene must change its system of data collection, analysis and reporting of diseases to reflect the ethnic category of "Latino" and the categories of "country of birth," and "preferred language" for Latinos.
- ◆ The County must require that data collected by and/or reported to the County as well as data reported by State and Federal agencies pertinent to the health of Latinos in Montgomery County be analyzed, reported and disseminated to the public on a yearly basis.
- ◆ The County must identify a standard method that is consistent with the U.S. Census Bureau of collecting and reporting accurate ethnic data including country of birth for Latinos and preferred language, to allow analysis in service and medical record data systems. The County must also require that all health programs conducted or funded by the County comply with this method.
- The County must ensure that its resources for health programs and services include funds to pay for data collection, analysis, and dissemination of Latino health data so that progress in improving health status can be tracked.
- ◆ The County must guarantee compliance with all applicable State and Federal mandates on the inclusion of Latinos in data systems and research programs.
- The County in consultation with the Latino Health Initiative Steering Committee must appoint
 a task force to monitor progress in this area.

JUSTIFICATION

Inadequate health data for Latinos is a problem throughout Federal, State, and Local health systems and impacts virtually every public and private health care agency or program in Montgomery County and in the State of Maryland. This lack of data directly or indirectly affects the entire Latino population. Health and socioeconomic data collected by ethnicity at the Federal, State, and County level are very often unavailable and/or unreliable. A recent report published by Commonwealth Fund concludes that gaps in health data on race, ethnicity, and primary language at the Federal level are serious barriers to the elimination of racial and ethnic disparities in health and health care. The report states: "Data collection and reporting by race, ethnicity, and primary language ... are essential for identifying, monitoring, and eventually eliminating health disparities. These data are vital to develop and implement effective prevention, intervention, and treatment programs and enforceable standards to ensure nondiscrimination; facilitate the provision of culturally and linguistically appropriate health care; and identify and track similarities and differences in performance and quality of care."

According to archival research of health status reports, vital statistics, and epidemiological data sets done as part of the Needs Assessment, many important data sources at the County and State levels have problems with the collection of health data by Latino origin. Some sources collect data only by the "White/Black/Other" categories. Some offer only one choice for identification of race/ethnicity, so many Latinos are lost among other categories (for example, a Latino of African origin may simply be

classified as "Black" or "African-American"). Communicable diseases by Latino ethnicity in Maryland are only reported for HIV/AIDS. Chronic diseases such as diabetes, cardiovascular disease, and asthma are not yet recorded by Latino origin in Maryland.

The limited data that are available nationwide to a large degree do not include specifically Central and South Americans. This population is different culturally and historically from the Latino populations originating from Mexico and Puerto Rico, from whom most of the existing data originate. Central Americans are likely to be at higher risk of adverse health outcomes than Mexicans and Puerto Ricans due to lower education, income, and insurance coverage. Very few medical and non-medical research projects in the U.S. focus on the Latino community. Consequently, very little research data exist on the Latino population in general.⁹

This lack of data places the health of the Latino population at a risk disproportionate to other populations. It is not possible to establish organizational priorities and funding decisions that respond to the needs of the Latino community, or to rationally plan, evaluate, monitor or assess interventions without the appropriate availability, utilization, and interpretation of Latino data. Therefore, resources from the government (Federal, State, and Local), foundations, nonprofits and for-profit corporations, and education institutions are not allocated consistently with the needs of the Latino community. 10 Given the fast rate of growth of the Latino community (80% increase in the past 10 years), this lack of data will only increase over the next five years with the result that health services and programs will be even fur-

¹⁰ U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General (1993). One Voice, One Vision – Recommendations to the Surgeon General to Improve Hispanic/Latino Health.



⁸ Ruth T. Perot and Mara Youdelman (2001). *Racial, Ethnic, and Primary Language Data Collection in the Health Care System: An Assessment of Federal Policies and Practices.* New York: Commonwealth Fund, v-viii.

⁹ Olivia Carter-Pokras, Ruth Enid Zambrana (2001). Chapter Two: Latino Health Status, in *Health Issues in the Latino Community*, Marlyn Aguirre-Molina, Carlos W. Molina, and Ruth Enid Zambrana, eds., San Francisco, Jossey-Bass, 22-26.

ther behind in addressing the needs of the Latino community.

Providers are interested in making improvements in the data that they collect and report. Montgomery County's Department of Health and Human Services has recently embarked on a process of populationbased health planning that is very much driven by data from the community. 11 According to site visits and interviews conducted with providers of health care as part of the Needs Assessment, current providers of culturally and linguistically appropriate health services are facing an extremely high and increasing demand from the Latino community. As the County and other government and private funders are requiring more and more information to identify needs and justify programs, many providers have expressed interest in instituting changes to improve the data available to them. Improving the data system for the Latino community is feasible. Jurisdictions all over the country where large Latino populations reside have made great advances in collecting and using data on the Latino community. In Maryland, a similar effort many years ago to improve the available data on the African American population has proven to be exceptionally valuable, and has enabled sweeping improvements in addressing the health needs of this population. There is political will to address this problem now. The launching of the Montgomery County Community Health Improvement Plan shows commitment among a broad range of decision-makers to improving the data across the County. Federal standards encourage that agencies ensure proper data collection, analysis and reporting for minority populations. ¹² Latino leaders in the County are very aware of the problem and want to address it.

¹² U.S. Department of Health and Human Services, Office of Minority Health (2001). *National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report,* Standard 10, p. 16.



¹¹ Montgomery County Department of Health and Human Services, Montgomery County Commission on Health, and Public Health Services, Population-Based Health Planning Committee (2001). *Improving the Health of Our Community:*Montgomery County Community Health Improvement Plan.

PRIORITY B

ENSURING ACCESS TO AND QUALITY OF HEALTH CARE

GOAL:

By 2006, the County will have increased the access to health care among low-income and uninsured Latinos.



Half of uninsured Latinos surveyed had not seen a doctor when sick or went without recommended medical tests for treatment.

RECOMMENDATIONS:

- The County must develop and fund initiatives that encourage employers to offer health insurance to their low-wage employees. Special attention should be given to initiatives that allow employers with a small workforce (nine or under) of low-wage employees to obtain health insurance for themselves and their employees.
- The County must act to expand the capacity of Safety Net Providers to offer primary health care to area Latinos.
- ♦ The County must ensure an increase in funding levels for Safety Net Providers.
- The County must ensure that Safety Net Providers have the resources they need to expand hours of service to enable greater access to services among working people.
- The County must conduct culturally and linguistically appropriate outreach activities to increase awareness and use of available programs.
- The County must establish consumer oversight boards for services and programs that serve Latino populations with the purpose of providing regular guidance and input on improving the accessibility of services to consumers.
- The County and other health care providers should implement mechanisms to increase geographic access to care such as subsidizing transportation and/or childcare costs for patients.



- The County, other health care providers and community-based organizations should educate Latinos about the importance of seeking and obtaining a continuous health care provider to enhance the quality of health care they receive.
- Health care providers and members of the Latino community should collaborate with other groups to develop and support policy initiatives that promote access to quality health care to all who need it regardless of immigration status.
- Managed care organizations must provide culturally and linguistically appropriate case management services to Latino clients.
- Health care providers and members of the Latino community should advocate for health insurance regardless of immigration status.

JUSTIFICATION

Access to care (see definition in glossary) encompasses primary access (health insurance); secondary access (institutional, organizational, geographic and structural access); and tertiary access (cultural and linguistic access). Tertiary access barriers will be examined more in detail under the priority of culturally and linguistically appropriate services.

Lack of access to quality health care poses a serious threat to the health of Latinos in Montgomery County.

Primary Access (Health insurance):

A large proportion of the low-income Latino population in Montgomery County lacks health insurance. According to national data, Latinos are twice as likely to lack health insurance as the population overall. Nearly 40% of Latinos under the age of 65 do not have health insurance; Latino children make up 29% of the uninsured under age 18.¹³ Latinos are considerably less likely to be enrolled in managed care than African Americans and non-Latino whites.¹⁴ According to Montgomery County

DHHS statistics, almost 15% of County residents under age 65 are estimated to be uninsured. In 1999, 10.6% of Latino hospital patients were "self-pay" (uninsured), compared to 8.7% of African-American patients, 5.1% of Asian patients and 3.1% of non-Latino white patients.¹⁵

Participants in focus groups and key informant interviews done as part of the Needs Assessment indicate that Latinos in Montgomery County are heavily represented in the service, domestic, and construction industries, where employees are less likely to be covered than are those in other sectors. Immigration status also presents a barrier to coverage. On a national level, workers who are not U.S. citizens have lower odds of being insured by their employer than U.S. citizens. Non-citizens who do not have legal resident status are ineligible for Medicaid and the Maryland Child Health Insurance Program (MCHIP). Latinos in the County are overrepresented in the age group from 20 to 34 years, a very substantial age group that lacks basic coverage.

¹⁶ Quinn, K. (2000), op. cit.



¹³ Quinn, K. (2000). Working without benefits: The health insurance crisis confronting Hispanic-Americans, New York: Commonwealth Fund. Cited in Health Issues in the Latino Community, Marlyn Aguirre-Molina, Carlos W. Molina, and Ruth Enid Zambrana, eds., San Francisco, Jossey-Bass.

¹⁴ Leigh, WA, Lillie-Blanton, M., Martinez, R.M., & Collins, K.S. "Managed care in three states: Experiences of low-income African-Americans and Hispanics." *Inquiry*, 36, 318-331, 1999.

¹⁵ Montgomery County Department of Health and Human Services, Montgomery County Commission on Health and Public Health Services, Population-Based Health Planning Committee. *Improving the Health of Our Community: Montgomery County Community Health Improvement Plan,* September 2001.

Secondary Access (institutional, organizational, or structural barriers):

Latinos face many serious barriers to secondary access. The fact that current Safety Net Providers are overwhelmed with the high demand for services presents substantial secondary access barriers. This presents a large cost to consumers in time lost from work.

Safety Net Providers are able to offer very little in terms of continuity of care. This diminishes the quality of care, especially among the very young and the very old. Patients who are regularly seen by the same doctor are more likely to receive better health care because the practitioner is more familiar with the health history of the patient.¹⁷ With limited case management assistance, patients must spend inordinate amounts of time to get referrals for specialist care as well as for crucial ancillary services such as laboratory testing, radiology, and nutrition education. Since very few services are available outside of normal working hours, individuals have to sacrifice earned income to get care during the normal workday. The economic downturn in light of the tragic events of September 11 is likely to strain existing Safety Net Providers in the very near future because many area workers have lost and are losing their jobs and insurance. Latinos are more likely to go to the emergency room for regular health care than to have regular visits to a primary care provider.

The consequences of the lack of primary and secondary access are quite serious. According to studies done on the national level, in 1999 almost half of uninsured Latinos surveyed had not seen a doctor when sick, had gone without a prescription for needed medications, or went without recommended medical tests or treatment. About two-thirds had trouble paying their bills or were contacted by collection agencies for medical expenses.¹⁸ The tendency for low-income Latinos to delay seeking

health care and to rely on emergency rooms means that health problems are not addressed until they are much more serious and costly. These delays in seeking health care have a strong negative impact on the health of the Latino population, present serious economic consequences for individuals and their families, affect the local economy in terms of workdays lost, and stress the health care system. It is much more cost-effective for healthcare providers, hospitals and, ultimately to the taxpayers, to provide preventive care and early interventions for health problems via primary care providers than to treat advanced illnesses via emergency room visits.

Removing primary, secondary, and tertiary barriers to health care is a strongly felt need in the Latino community across the board. Focus group interviews with community members and individual interviews with providers conducted during the Needs Assessment showed access to quality health care as one of the most urgent problems facing the Latino community.

It would be easier to increase access to health care now than in the future. Rapid growth of the Latino population has dramatically increased the demand on agencies that serve the uninsured and those ineligible for Medicaid. Area Safety Net Providers acknowledge that this is a serious problem and are looking for ways to resolve it.

Across the country are ongoing initiatives at the Federal and State levels to ensure health coverage for all who need it. The Montgomery County Department of Health and Human Services has identified access to care as a major focus for the County. The Federal government is urging states to expand their coverage for low-cost health insurance for children older than 18 years of age. The Latino leadership in the County and across the nation is very aware of the problem and wants to address it.



Berkman, L.F., & Kawachi, I. (2000). *Social Epidemiology,* Oxford Press, Huff, R.M., Kline, M.V. (1999). "Promoting health in multicultural populations: A handbook for practitioners," Sage Publications.

¹⁸ Quinn, K. (2000), op. cit.

PRIORITY C

ENSURING THE AVAILABILITY OF CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH SERVICES

GOAL:

By 2006, all health services and programs supported by the County will have systematically incorporated culturally and linguistically appropriate values, policies, structures, and practices.



The ability to communicate across language barriers and understand socio-cultural variations in health beliefs, values, and behaviors is critical to the delivery of quality care.

RECOMMENDATIONS:

- ◆ The County must approach the Latino community in a timely and culturally and linguistically competent manner for all appropriate activities related to national and local emergencies, including emergency planning, prevention, and response.
- All government and non-governmental health agencies in Montgomery County must have in place a strategic plan for improving their cultural and linguistic competency, and be in compliance with Federal mandates pertaining to culturally and linguistically appropriate services.
- The County must commission an assessment of all appropriate Health and Human Services programs and all appropriate entities receiving County funds to determine their level of cultural and linguistic competence.
- ◆ The County must adopt Federal guidelines on culturally and linguistically appropriate services as County standards and must require that all its health programs and all entities receiving funds from Health and Human Services comply with these standards.



- The County must provide ongoing awareness training on the need for culturally and linguistically
 appropriate services and on applicable Federal mandates and standards for Culturally and
 Linguistically Appropriate Services in Health Care.
- The County must increase the number of bilingual and bicultural health care practitioners working in programs administered or funded by the County.
- The County must require that all health programs and all entities receiving funds from Health and Human Services provide clients with Spanish translations of all relevant forms and applications.
- The County must require that all health programs and entities receiving County funds provide trained interpreters at health care sites.
- The County must expand its current efforts to provide English classes to better meet the extremely high demand for these classes.

JUSTIFICATION

Please see the definitions of **Cultural competence**, and **Culturally and linguistically appropriate services** in the glossary.

It is not possible to deliver quality health care that is not culturally and linguistically appropriate. In a health care setting, a health care provider's ability to communicate across language barriers and understand socio-cultural variations in health beliefs, values, and behaviors is critical to the delivery of quality care to racially and ethnically diverse patient populations. Given the small proportion of Latino health care providers, Spanish-speaking patients in Montgomery County are very often cared for by providers who may not speak their language, understand their social situation, or value their cultural beliefs. Studies have clearly demonstrated that up to 80% of diagnoses are made based on the patient's history alone. If patient-practitioner communication is impaired by lack of cultural and linguistic competence, it is likely that errors will be made and that patients will receive excessive testing, leading to increased risks and costs. It has also been documented that cultural and linguistic barriers in the health care encounter often lead to poor communication, patient dissatisfaction, and poor compliance (to both medications and health-promotion and/or disease-prevention interventions).¹⁹

The lack of culturally and linguistically appropriate health care services poses a serious threat to the health of Latinos in Montgomery County. One of the most serious barriers to quality health care for Latinos mentioned by consumers and providers in the County is the lack of culturally and linguistically appropriate services. This is also a serious problem for the insured. Conversations held with representatives of managed care organizations in Maryland indicate that many managed care organizations lack basic knowledge about the Latino community, and recognize their own lack of bilingual and bicultural health care providers.

Service providers and Latino consumers identify the lack of culturally and linguistically appropriate services as the major barrier to health care for area Latinos. Although many agencies in Montgomery County have made improvements in their cultural and linguistic competence, there is still a significant gap in

¹⁹ Carrillo, J.E., Treveño, F.M., Betancourt, J.R, & Coustasse, A., (2001). "Latino Access to Health Care: The role of insurance, managed care, and institutional barriers." Chapter Three of *Health Issues in the Latino Community*, Aguirre-Molina, Molina & Zambrana, eds., op.cit., p. 68.



this area. Given the negative influence of deficiencies in cultural and linguistic competence on health outcomes, the current shortage of culturally and linguistically appropriate health care in Montgomery County will result in inefficient use of health services and poor outcomes from the services delivered. This will continue to negatively impact the health of the Latino population while continuing to stress the health system through inefficient use of resources.

Rapid growth of the Latino population has dramatically increased the demand for culturally and linguistically appropriate health services. Providers in general recognize this need and are looking for ways to resolve it. Across the country, health care agencies are making great strides in improving their cultural and linguistic competence.

There is political will to address this problem now. Title VI of the Civil Rights Act of 1964, the Hill-Burton Act of 1946, the Emergency Medical Treatment and Active Labor Act, Federal Medicaid and Medicare regulations, and the National Standards for Culturally and Linguistically Appropriate Services in Health Care,20 require that health care providers receiving federal funds adopt important components of cultural and linguistic competence. In its report titled Improving the Health of Our Community, the Montgomery County Department of Health and Human Services identifies the need to improve cultural and linguistic competence of health services in the County.²¹ The availability of culturally and linguistically appropriate services is a major issue for Latino consumers of health care and Latino community leaders in Montgomery County.

²¹ Montgomery County Department of Health and Human Services, Montgomery County Commission on Health and Public Health Services, Population-Based Health Planning Committee (2001). *Improving the Health of Our Community:*Montgomery County Community Health Improvement Plan.



²⁰ U.S. Department of Health and Human Services, Office of Minority Health (2001). *National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report.*

PRIORITY D

ENHANCING THE ORGANIZATIONAL CAPACITY OF LATINO COMMUNITY-BASED ORGANIZATIONS TO PROVIDE HEALTH SERVICES

GOAL:

By 2006, Latino community-based organizations will have the structures, skills, and resources needed to achieve desired outcomes in providing preventive and curative health care to the Latino population. This includes activities such as development and training of staff and boards, building infrastructure, information technology, and managerial and fundraising capacity.



Latino communitybased organizations are extremely well positioned to deliver specific preventive and curative health services.

RECOMMENDATIONS:

- County health services contracts with Latino community-based organizations must allow them to dedicate a part of the funding provided to conduct capacity building activities such as staff and board training, purchasing of needed equipment, and expanding infrastructure.
- ◆ The County must develop mechanisms through which personnel from all Latino community-based organizations can access training offered to County personnel.
- The County must offer ongoing technical assistance to community-based organizations that receive County contracts, especially in the areas of resource and infrastructure development, program planning, financial and program management, and evaluation.
- The County must identify and implement creative ways to support Latino community-based organizations toward the goal of diversifying sources of support. Examples include bond bills, tax credits, and advocating for State, Federal, and private funding.



◆ Latino community-based organizations should access funding from diverse sources to develop strategies and conduct activities that enhance organizational capacity.

JUSTIFICATION

The limited organizational capacity of area Latino community-based organizations is a barrier to improving the health of the Latino population. Currently, very few Latino community-based organizations provide curative or preventive health care to Latinos in Montgomery County. These community-based organizations often lack the trained personnel, organizational infrastructure, policies and procedures, information technology, and managerial capacity to achieve desired outcomes in providing preventive and curative health care. As a result of their high levels of cultural and linguistic competency and the trust they enjoy in the Latino community, Latino community-based organizations are extremely well positioned to deliver specific preventive and curative health services to the Latino community. The County has made expanding community partnership in the delivery of health care one of its priorities. It is therefore imperative that the organizations with which the County seeks to expand its partnerships gain the organizational capacity they need to achieve the necessary outcomes they will be contracted to produce.

Latino community-based organizations currently involved in health care services recognize the need to increase their organizational capacity. There are many examples across the country of minority community-based organizations improving their health outcomes as a result of capacity-building efforts.

There is political will to address this problem now. There is a major trend at the Federal, State, and Local levels to promote partnerships with community-based organizations in delivering health care services. Leaders of the Latino community and Latino community-based organizations have expressed great interest in strengthening their capacity to deliver health-related services to the Latino population.



PRIORITY E

INCREASING COMMUNITY PARTICIPATION IN DECISIONS THAT IMPACT THE HEALTH OF THE LATINO COMMUNITY

GOAL:

By 2006, the number and capacity of Latino service providers, community leaders, and consumers who lead efforts to improve health will increase.



Community participation is crucial to improving the health of communities.

RECOMMENDATIONS:

- The County must have parity representation by Latinos on its boards, committees, commissions, task forces and other collective entities.
- The County, health care providers, and Latino community-based organizations must collaborate to develop, implement and evaluate a model by which Latino users of health care services will actively participate in identifying, assessing, analyzing and seeking solutions to health problems that affect Latinos.
- The County must require that all health programs and all entities receiving funds establish consumer advisory boards that will help ensure that services are provided in a culturally and linguistically appropriate manner.
- All County health programs and services must have a Latino representative present in their design, planning, implementation, and evaluation stages.
- All consumer advisory boards for County health programs and appropriate entities receiving funds must involve Latinos in a culturally and linguistically appropriate manner.



- Government and private agencies should establish culturally and linguistically appropriate leadership development programs for area Latinos.
- The County should facilitate the participation of community members by offering incentives such as bus tokens, childcare, and stipends to encourage participation in health-related activities.
- Safety Net Providers should recruit Latinos to serve on their governing boards in order to improve services to Latino clients.

JUSTIFICATION

The low level of Latino community participation in the health care system is a barrier to improving the health of the Latino population. Community participation in the decisions and processes of the health care system is widely recognized as crucial to improving the health of communities.²² Latino community-based organizations, healthcare providers, and consumers are represented in very few health coalitions, boards, and advisory bodies in the County. Most boards that do exist have few provisions for making participation culturally and linguistically accessible to Latino community members. Lack of trust in government agencies is often cited as a primary barrier to health care in large sectors of the County's Latino community. It is extremely difficult for County agencies and programs to overcome this distrust and adequately address the health needs of the Latino community without the regular involvement of Latino community leaders and consumers.

There are many very successful models of community involvement in the health care system. Many of these are mandated by the Centers for Disease Control and Prevention and other agencies. The HIV Prevention Community Planning Group of the Maryland AIDS Administration is a good example. There is political will to address this problem now. The National Standards for Culturally and Linguistically Appropriate Services in Health Care recommend that health care agencies facilitate community and consumer involvement in designing and implementing activities related to cultural and linguistic competency of services offered. Many Federally funded programs require community participation in the design, oversight, and evaluation of health care programs. Latino leaders and consumers have expressed a strong interest in expanding Latino participation in coalitions and boards to help to address issues of access, cultural and linguistic competency, and other salient matters.

^{22 &}quot;An integrated, primary care-based health system will emerge when a community declares its desired outcomes, engages its key partners, and aligns its assets. The result will be healthier communities all across America." Buluran, N. (1999). The Campaign for 100% access and zero health disparities. *Urban Update*, 1(1).

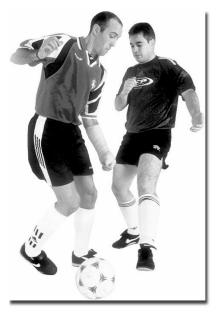


PRIORITY F

EXPANDING HEALTH PROMOTION AND DISEASE PREVENTION EFFORTS TARGETING THE LATINO COMMUNITY

GOAL:

By 2006, the number of ongoing health promotion and disease prevention efforts targeting the Latino community, especially those efforts that focus on primary prevention will be increased.



Health problems could be prevented or reduced in a very cost-effective way through culturally and linguistically appropriate health promotion and disease prevention interventions.

RECOMMENDATIONS:

- ◆ The County must develop and evaluate health promotion and disease prevention models that are culturally and linguistically appropriate, such as the current health promoter programs targeting Latinos.
- Government and non-governmental agencies must support policy initiatives that promote health and prevent disease in Latino populations.
- The County must develop programs that promote primary prevention and wellness in general rather than targeting a specific disease. These programs should take into consideration the promotion of protective factors in Latino populations.
- Government and non-governmental agencies must use culturally and linguistically appropriate strategies to educate Latino populations on the available services.
- Government and non-governmental agencies must include Latino representation in the development of all outreach and public information campaigns, including television, radio, and the print media.



- Government and non-governmental agencies must increase the media's awareness of Latino health and health promotion and disease prevention issues and clarify their role in health promotion and disease prevention information and dissemination.
- Government and non-governmental agencies must encourage community-building activities such as neighborhood beautification campaigns in areas with high concentration of Latino residents.
- The County, service providers, and Latino community-based organizations should collaborate with health research centers and universities to promote the development of community health intervention programs targeting underserved Latino populations.

JUSTIFICATION

The lack of health promotion and disease prevention efforts targeting the Latino community is a barrier to improving the health of the Latino population. Since very few health promotion and disease programs at the Federal, State, and Local levels are conducted in a way that is culturally and linguistically appropriate to Latinos, most Latinos who have low English proficiency have been excluded from the majority of health promotion and disease prevention educational programs over the course of many years. In addition, most Latinos in Montgomery County are recent immigrants. Those who spent their formative years in Latin America, for the most part, had little or no access to health promotion and disease programs educational messages. Thus there is a low level of prevention consciousness among recent immigrant Latinos. Many of the health prob-

lems in which there is the most striking disparity between Latinos and the general population are problems that could be prevented or reduced in a very cost-effective way through culturally and linguistically appropriate health promotion and disease prevention interventions.

It is feasible to expand the health promotion and disease prevention efforts targeting the Latino community at this time. Recent immigrants often find themselves much more open to changes in their lifestyle as they learn to adjust to and survive in a new place and new culture. Community members may have a low prevention consciousness but are very open to participating in classes and educational activities that are culturally and linguistically appropriate.



PRIORITY G

INCREASING THE NUMBER OF LATINO HEALTH CARE PROFESSIONALS WORKING IN THE COUNTY

GOAL:

By 2006, the number of Latino health care professionals working in the County will be increased.



Racial and ethnic diversity in health care delivery systems is important for providing quality care.

RECOMMENDATIONS:

- County and private agencies must advocate for changes in State and Local legislation that will facilitate the opportunity to obtain the appropriate education and licensure for foreign-trained health care professionals.
- County and private agencies must help unlicensed immigrant health professionals to become familiar with the local health system by including them in programs in an ancillary role.
- County and private agencies must create opportunities such as internships, volunteer placements, mentoring and scholarship programs whereby interested bilingual and bicultural Latino students can gain the experience and encouragement they need to pursue studies in health care.
- County and private agencies must develop and implement strategies to include practicing Latino health professionals into the system serving low-income Latinos.
- The County should provide subsidies for immigrant health care providers to validate their degrees in this country in exchange for a commitment to work in the public sector for a certain number of years.



 The County must expand academic offerings at local community college and vocational schools to increase cultural competence of health care students and workers to address health needs of Latinos.

JUSTIFICATION

The low number of Latino health care professionals is a barrier to improving the health of the Latino population. On a national level, Latinos made up only 2% of all physicians in the U.S. in 1990. This is not projected to improve in the near future.²³ According to the Needs Assessment report, focus group participants and providers often cited the lack of Latino health care providers as a substantial a barrier to receiving culturally and linguistically appropriate health care. The importance of racial and ethnic diversity in health care delivery systems has been well correlated with the ability to provide quality care to socioculturally diverse patient populations.²⁴

It is feasible to increase the number of Latino health care professionals working in the County at this time. A large number of recent Latino immigrants are trained and experienced health professionals in their home countries (such as physicians, nurses, and technicians) but are not licensed to practice their profession in this country. Many would be very willing to work in a health care setting, even in an ancillary role, were the opportunity offered them. This is a strongly felt need in the Latino community. A major strategy of Montgomery County's Public Health Dental Programs is to work on legislation that will facilitate the opportunity to get appropriate education and licensure for foreign-trained dentists in order to relieve shortages in culturally and linguistically competent dental care providers.²⁵ Many programs across the country encourage recruitment and training of minority health care workers.

²⁵ Short, C., Frank, L., and Lyter, K. (2001). Montgomery County Department of Health and Human Services, Public Health Services, Oral Health Strategic Plan.



²³ Aguirre-Molina, Molina & Zambrana, eds., op.cit., p. 66.

²⁴ Aguirre-Molina, Molina & Zambrana, eds., op.cit., p. 65.

CONCLUSION

n an effort to begin to confront the health challenges that Latinos face in Montgomery County, individuals representing national, state, and local organizations and the community at large came together to develop a plan to address the complex barriers to quality healthcare and services. As a result of this collective effort, this Blueprint for Latino Health was developed.

The Blueprint describes some of the major contributions Latinos make to the County as a whole, and outlines the challenges facing Montgomery County Latinos in their ability to access and benefit from healthcare. This document also offers very specific and achievable recommendations that County politicians and planners can utilize in making progress towards an efficient and cost-effective health care delivery system for this rapidly increasing segment of the County's population.

The seven priorities contained in the Blueprint are critical to the implementation of a plan to address the healthcare needs of Latinos in Montgomery County. The lack of services in the Latino community and the Latino population's rapid growth is compounding a serious healthcare situation that policy makers and program planners must address. The collective efforts in carrying forth the aims of this Blueprint are critical to the health of every Latino residing in Montgomery County. This new, more cohesive and comprehensive approach will allow a significant impact be made on the health of Latinos.

In Montgomery County, the implementation of the recommendations contained in the Blueprint for Latino Health will make a real difference in closing the existing gap between the health status of Latinos and other ethnic and racial groups. The adoption of these goals in the policy and program planning process will facilitate the critical objective to make affordable and culturally and linguistically appropriate delivered healthcare a reality for all communities in Montgomery County.

HAY HOMBRES QUE LUCHAN UN DÍA Y SON BUENOS
HAY OTROS QUE LUCHAN UN AÑO Y SON MEJORES
HAY QUIENES LUCHAN MUCHOS AÑOS Y SON MUY BUENOS
PERO HAY LOS QUE LUCHAN TODA LA VIDA...
ESOS SON LOS IMPRESCINDIBLES.

THERE ARE MEN THAT BATTLE FOR ONE DAY AND THEY ARE GOOD
THERE ARE OTHERS THAT BATTLE FOR ONE YEAR AND THEY ARE BETTER
THERE ARE THOSE THAT BATTLE FOR MANY YEARS AND THEY ARE VERY GOOD
BUT, THERE ARE SOME THAT BATTLE ALL THEIR LIVES...
THOSE ARE THE INDISPENSABLE ONES.

— BERTHOLD BRECHT



GLOSSARY

Access to care: Having access to care means more than just having health insurance. One must take into account where along the continuum toward obtaining quality health care specific barriers may exist. This document examines primary access, secondary access, and tertiary access. *Primary access* is defined as having health insurance. *Secondary access* barriers occur for those who are insured yet face institutional, organizational, or structural barriers such as difficulty getting appointments, lack of access to after-hours medical advice, or long waiting times for referrals to necessary medical specialists. *Tertiary access* barriers are linguistic and cultural barriers that are examined more in detail under the priority of culturally and linguistically appropriate services.²⁶

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency and among professionals and enable that system, agency, and professionals to achieve desired health outcomes with Latinos.²⁷

Culturally and linguistically appropriate services: Health care services that are respectful of and responsive to cultural and linguistic needs.

Community participation is the processes by which providers of care to Latinos, Latino community leaders (both formal and informal), and Latino users and potential users of health care services play an active and critical role in identifying, assessing, analyzing, and advocating for solutions to health problems that affect the Latinos in the County.

Latino community: For the purposes of this document, "the Latino community" refers to Latino health care consumers and potential consumers in Montgomery County, health services providers who serve Latinos, formal community leaders (from community-based organizations, churches, and others), and informal leaders.

Organizational capacity in this context means the structures, skills, and resources needed to achieve the desired outcomes consistent with a particular preventative or curative health care program.²⁸

Safety Net Providers: Providers who deliver a substantial proportion of their health care to uninsured, Medicaid, and other vulnerable patients. "Core safety net providers" have two distinguishing characteristics: 1) Either by legal mandate or explicitly adopted mission, they offer care to patients regardless of their ability to pay for those services; and 2) A substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients.

²⁸ Hawke et al. 1999 cited in "Capacity Building in Health Promotion; For Whom? And for What Purpose?"



²⁶ Bierman, A.S., Magari, E.S., Jette, A.M., Splaine, M., & Wasson, J.H. (2001). "Assessing access as a first step toward improving the quality of care for very old adults." *Journal of Ambulatory Care Management*, cited in Aguirre-Molina, Molina & Zambrana op.cit., p. 56.

²⁷ U.S. Department of Health and Human Services, Office of Minority Health, (2001). *National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report*, p. 4.

APPENDIX A

TEMPLATE FOR EACH PRIORITY

PRIORITY STATEMENT

GOAL: (Broad visionary statement)

RECOMMENDATIONS: (How to reach the goal)

(Measurable objectives, outputs, and outcomes may be crafted based on these general recommendations. Recommendations are NOT ranked in order of importance)

JUSTIFICATION OF PRIORITY: (Based on the following questions)

IMPORTANCE OF THE PROBLEM

Size:

How widespread is the problem across the system now? What proportion of the Latino community is affected?

Seriousness:

How serious are the probable consequences to the community and to the County if this problem is not addressed over the next five years?

Urgency:

How emergent is the problem? Is it growing fast? Is it a felt need in the community?

HOW AMENABLE TO CHANGE IS THE PROBLEM?

- Is the problem at a developmental stage that would make change easier now than at another time?
- ◆ Has the problem been addressed successfully elsewhere? Does the literature suggest that the problem can be changed?
- Are there resources, or could there be resources to address the problem?
- Is there political will to address this problem now?
- Is the Latino community ready to address the problem now?



APPENDIX B

STAKEHOLDERS INVOLVED IN THE DEVELOPMENT OF THE BLUEPRINT FOR LATINO HEALTH

Edlyn Aldridge Holy Cross Hospital

Debra Apperson Concerned Community Member

Viviana Azar

Montgomery County DHHS

Monica Barberis-Young

Community Ministry of Montgomery

County

Bill Bryant

Whitman Walker Clinic of Suburban MD

Annice Cody

Holy Cross Hospital

Deborah Cordrey Montgomery County DHHS

Carlos Crespo

State University of New York

at Buffalo

Fernando Cruz Hispanic Alliance

Ramon Dominguez Spanish Catholic Center

John Eckenrode

Montgomery Volunteer Dental Clinic

Judith Freidenburg University of Maryland

Wendy Friar

Holy Cross Hospital

Steve Galen

Primary Care Coalition

Martha Gardiner Spanish Catholic Center

Rika Granger

Montgomery County DHHS

Crystal Green

Montgomery County DHHS

Diane Hernandez Mobile Medical Care Pat Horton

Montgomery County DHHS

Maria Jimenez Aspen Systems

Carol Jordan

Montgomery County DHHS

Candace Kattar Identity, Inc

Mark Langlais Community Clinic, Inc

Judith Lichty

Adventist HealthCare

Alvina Long Mercy Clinic

Kathy Lyter

Montgomery County DHHS

Luis Martinez

Montgomery County DHHS

Joan McCarley

People's Community Baptist Church

James McDonough

Hispanic Chamber of Commerce

Pilar Mollish

Montgomery County DHHS

Mercedes Moore

Montgomery County DHHS

Linda Morganstein City of Gaithersburg

Nhora Murphy Media Network, Inc

D. Peters-Natter Holy Cross Hospital

Nancy Newton

Concerned Community Member

Sonia Nieves

Concerned Community Member

Lilliam Olvia-Collmann Spanish Catholic Center Anjoeline Osuyah

Archdiocesan Health Care Network

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Myriam Posada

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Henry Quintero

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Agnes Saenz

Community Ministries of Rockville

Arturo Salcedo EVS, Inc

Xiomara Salgado

Montgomery County DHHS

Ana Schmitz

Montgomery County DHHS

Lenora Sherard

Montgomery County DHHS

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Pilar Torres Centro Familia

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To download a copy of the Blueprint for Latino Health please visit www.co.mo.md.us/hhs